

Arizona Department of Health Services  
Division of Behavioral Health Services

Decline to Participate in the Screening and/or Referral Process for  
AHCCCS (Title XIX/XXI) Health Insurance

Arizona state law (ARS 36-3408) requires that all persons [without active Arizona Health Care Cost Containment System (AHCCCS) (Title XIX/XXI) health insurance] who request publicly funded behavioral health services shall fully participate in a screening and referral process to determine eligibility for AHCCCS (Title XIX/XXI) health insurance. Those who do not fully participate in this process shall not be eligible for publicly funded behavioral health services. Refusal to participate shall not be construed to mean the person's inability to obtain documentation required for eligibility. All enrolled Non-Title XIX/XXI consumers shall participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process at least annually. Persons who have been determined to have a serious mental illness (SMI) or persons who have requested a SMI determination cannot be ineligible for services due to their non-participation in the AHCCCS screening and referral process unless the behavioral health provider has followed all procedures regarding AHCCCS screenings outlined in Provider Manual Section 3.1, Accessing and Interpreting Eligibility and Enrollment Information and Screening and Applying for AHCCCS Health Insurance.

I, \_\_\_\_\_, do not want to participate in the  
(Print Name of Person Requesting Behavioral Health Services)

AHCCCS health insurance screening and referral process established by the Arizona Department of Health Services / Division of Behavioral Health Services (ADHS)

\_\_\_\_\_ New Applicant For Behavioral Health Services

I understand that due to my refusal to participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process established by ADHS, I am therefore not eligible to receive behavioral health services at this time.

I understand that at anytime, I may return to complete the screening and referral process or that I may exercise my option to apply for AHCCCS (Title XIX/XXI) health insurance at the Arizona Department of Economic Security (DES). I understand that I can submit documentation to the ADHS or designee that demonstrates that I have applied for AHCCCS health insurance at DES and may then be considered for eligibility for behavioral health services.

\_\_\_\_\_ Annual Review

I understand that due to my refusal to participate in the AHCCCS (Title XIX/XXI) health insurance screening and referral process established by ADHS, I will need to submit a completed medical assistance application to the Arizona Department of Economic Security (DES) within ten days and then submit documentation to the ADHS or designee that demonstrates that I have applied for AHCCCS health insurance in order to continue to receive behavioral health services.

\_\_\_\_\_  
Signature of person, parent or legal representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Note:**

1. An AHCCCS (Title XIX/XXI) health insurance screening and referral is not required at the time an emergency behavioral health service is delivered but must be completed within five days of service in order to continue to receive behavioral health services.
2. Any person who has active AHCCCS (Title XIX/XXI) health insurance is entitled to receive all medically necessary behavioral health services.